



CORE Dataset: USIDNET Immunodeficiency Patient Registry

Patient name: _____

USIDNET Registry ID Number: _____

This questionnaire is to be completed for all patients, regardless of diagnosis

Patient Consent: Please indicate whether the patient has signed an IRB approved Patient Consent or if the need for consent was waived by an IRB. Unconsented data must be de-identified – Requested data shown in **BOLD** on the second page should **not be provided** without signed patient consent or IRB waiver (must have consent to use patient's name).

Consent given : Yes [] Institution specific IRB [] Western IRB []
IRB waiver [] Specify reason _____

List the dates covered by the data on this form:

Date of this Record (mm/dd/yyyy): ____/____/____

Enter dates covered in this form (mm/dd/yyyy): ____/____/____ to ____/____/____

Primary Immunodeficiency Diagnosis: Circle appropriate diagnosis:

Severe Combined Immunodeficiency (SCID): X-linked (γ C), ADA, JAK3, RAG1-2, Artemis, IL-7R α (CD127), CD45, CD3 δ , CD3 ϵ , CD3 ζ , Omenn, other

Combined Immunodeficiency (CID): Bare lymphocyte (MHC class-II deficiency), PNP, ZAP70, CD25 (IL2- R α), Cartilage-Hair Hypoplasia, MHC class-I deficiency, other

Humoral deficiencies: Common Variable Immunodeficiency (CVID), X Linked Agammaglobulinemia (XLA), AR agammaglobulinemia, Selective IgA deficiency, IgG subclass deficiency, Specific antibody deficiency, other

Hyper IgM syndrome (HIGM): X-linked HIGM (CD40L), CD40L, CD40, UNG, AID, other

Chronic Granulomatous Disease (CGD): X-linked (gp91phox), p47phox, p22phox, p67phox, unspecified

Leukocyte Adhesion Deficiency (LAD): type 1 (CD18), type 2 (FUCT1), type 3 (CalDAG-GEFI), other

Complement deficiency: C1q (α, β, γ), C1r, C1s, C2, C3, C4A, C4B, C5, C6, C7, C8 $\alpha-\gamma$, C8 β , C9 deficiency, Factor B, Factor D, Factor H, Factor I, Properdin, C1 esterase inhibitor, other

Syndromes:

Wiskott-Aldrich Syndrome (WAS):
(classic, XLT, XL Neutropenia)

Ataxia Telangectasia

DiGeorge Syndrome (DGS)

Hyper IgE syndrome (Dominant, STAT3)(recessive)

Chediak-Higashi syndrome

ICF (immunodeficiency, centromere instability and facial anomalies) syndrome

Chronic Mucocutaneous Candidiasis

IPEX (Immune dysregulation, polyendocrinopathy, enteropathy, X-linked syndrome)

X Linked Lymphoproliferative Syndrome (XLP)

NBS (Nijmegen Breakage Syndrome)

NEMO

Other (explain): _____

Is this the initial registration of this patient [] or follow-up? []

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Patient Name, Initials or Site Study Participant #: _____

Patient Identification:

Reminder: Requested data shown in **BOLD** on this page should **not be provided** without signed patient consent or IRB waiver.

Site assigned Identification/Study Participant # (if applicable): _____

Patient Name:

First: _____ **Middle:** _____ **Last:** _____

Maiden/Other Name (that may be listed in Registry): _____

Patient Initials ___/___/___ **Date of Birth** ___/___/___ or Birth Year _____ (mm/dd/yyyy)

Gender: male [] female []

Home address: (Bold address areas optional for all patients. Include State of Residence for all patients)

Street Address: _____

City: _____ **State:** _____

Zip Code: _____

Phone: _____

Email: _____

State or Province of birth: _____

Country of birth: _____

Physician or Center Enrolling this Patient:

Specialty of Physician: _____

Name: _____ First: _____ Last: _____

Address: _____

City, State: _____

Zip Code: _____

Phone: _____

Email: _____

Fax: _____

Other Physicians following this patient:

Name: _____ First: _____ Last: _____

Address: _____

City, State: _____

Zip Code: _____

Phone: _____

Email: _____

Fax: _____

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Patient Name, Initials or Site Study Participant #: _____

Physician making the diagnosis of primary immunodeficiency in this patient:

Specialty of Physician:

Name:	First:	Last:

Address: _____		

City, State: _____		
Zip Code: _____		
Phone: _____		
Email: _____		
Fax: _____		

Race/Ethnicity:

Is the patient Hispanic or Latino (a person of Cuban, Mexican, South or Central American, or other Spanish culture or origin, regardless of race)?: Yes [] No []

Is the patient (check all that apply)?

Caucasian/white [<input type="checkbox"/>]	African American/ Black [<input type="checkbox"/>]
Asian or Pacific Islander [<input type="checkbox"/>]	Some Other Race: [<input type="checkbox"/>] Specify: _____
American Indian/Native American [<input type="checkbox"/>]	

Family History:

Familial case: Are there other patients with primary immunodeficiency in the family? Yes [] No [] Unknown []

If yes: How many relatives also have Primary Immunodeficiency? []

Relationship	Diagnosis:	Listed in the Registry?
_____	_____	Y [<input type="checkbox"/>], N [<input type="checkbox"/>]
_____	_____	Y [<input type="checkbox"/>], N [<input type="checkbox"/>]
_____	_____	Y [<input type="checkbox"/>], N [<input type="checkbox"/>]

Consanguinity (Are the parents of the patient related to each other): yes [] no [] unknown []

Did a positive family history prompt testing of this patient? Y [] N []

Patient's height

(age: ___ mos ___ yrs or date ___/___/___)(mm/dd/yyyy) _____ft _____in or _____cm

Patient's weight

(age: ___ mos ___ yrs or date ___/___/___)(mm/dd/yyyy) _____lb _____oz or _____kg

Head circumference:

(age: ___ mos ___ yrs or date ___/___/___)(mm/dd/yyyy) _____in or _____cm

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Onset of Symptoms: First severe infection or other characteristic manifestation of the respective PIDD:

Age: ____ months or ____ yrs or date ____/____/____ (mm/dd/yyyy).

Diagnosis established: age ____ months or ____ yrs or date ____/____/____ (mm/dd/yyyy)

What were the patient's Symptoms/Clinical Problems?

For each indicated issue, indicate as follows:

A) Present at or before diagnosis B) Observed sometime during patient's illness C) A prominent feature for this patient

Infections:

If causative organism is known, please indicate corresponding number from table to the right. If other, please specify. Please indicate all that apply.

	A	B	C	Organism (if known)
Abscess:				
Brain				
Liver				
Lung				
Peri-rectal				
Renal				
Skin				
Spleen				
Other:				
Cellulitis				
Conjunctivitis				
Dermatitis (fungal)				
Diarrhea (infectious)				
Empyema				
Encephalitis				
Fever				
Genital				
Hepatitis				
Impetigo				
Lymphadenitis				
Mastoiditis				
Meningitis				
Omphalitis				
Osteomyelitis				
Otitis media				
Peritonitis				
Pharyngitis				
Pneumonia				
Proctitis				
Pyoderma				
Septic arthritis				
Sepsis				
Sinusitis				
Skin				
Thrush				

	List of Organisms
1	Adenovirus
2	Aspergillus
3	Candida
4	Chlamydia
5	Clostridium difficile
6	CMV
7	Coxsackie
8	Cryptococcus
9	Cryptosporidium
1 0	E. coli
1 1	Enterovirus
1 2	Epstein-Barr virus (EBV)
1 3	Giardia
1 4	Haemophilus influenzae
1 5	Herpes simplex
1 6	HHV8 (human herpes virus 8)
1 7	Histoplasmosis
1 8	HIV
1 9	Influenza
2 0	Measles
2 1	Molluscum
2 2	Mycobacterium tuberculosis
2 3	Mycobacteria (nontuberculous)
2 4	Mycobacteria (atypical)
2 5	Mycoplasma
2 6	Neisseria gonorrhea
2 7	Neisseria meningitides Type_____
2 8	Nocardia
2 9	Papilloma virus (warts)
3 0	Parainfluenza
3 1	Parvovirus B19
3 2	Pneumocystis jiroveci (carinii)
3 3	Polio (wild type)
3 4	Polyoma virus (JC, BK)

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	A	B	C	Organism (if known)
Tonsillitis				
Urinary tract infection				
Cystitis				
Pyelonephritis				
Prostatitis				
Urethritis				
Other infection: Specify:				

	List of Organisms
3 5	Pseudomonas
3 6	Rotavirus
3 7	RSV
3 8	Rubella
3 9	Salmonella
4 0	Serratia
4 1	Shigella
4 1	Staphylococcus aureus
4 2	Staphylococcus aureus (MRSA)
4 3	Streptococcus pneumoniae
4 4	Varicella- primary
4 5	Varicella reactivation
	Other? Specify:
	Other? Specify:

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Non-infectious conditions

For each indicated issue, indicate as follows:

A) Present at or before diagnosis B) Observed sometime during patient's illness C) A prominent feature for this patient

Autoimmunity:

	A	B	C
Dermatomyositis			
Henoch-Schonlein Purpura (HSP)			
Iritis			
Systemic lupus erythematosus (SLE)			
Scleroderma			

	A	B	C
Uveitis			
Vasculitis- CNS			
Vasculitis-large vessel			
Vasculitis- small vessel			
Other?			

Cardiovascular:

	A	B	C
Congenital heart disease			
Constrictive pericarditis			
Hypertension			
Myocardial infarction			
Stroke (CVA)			
Thrombosis			
Transient ischemic attack			
Vascular malformation			
Other? Specify:			

Constitutional:

	A	B	C
Aches			
Fatigue			
Fever			
Malaise			
Sleeplessness			
Sleepiness			
Sweating			
Other? Specify:			

Dental/Oral

	A	B	C
Aphthous ulcers			
Caries (excessive)			
Cleft palate			
Delayed eruption of teeth			
Delayed shedding of teeth			
Gingivitis			
Hypodontia			
Abnormal tooth morphology			
Missing teeth			
Cone/Peg teeth			
Other?			

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Non-infectious conditions

For each indicated issue, indicate as follows:

A) Present at or before diagnosis B) Observed sometime during patient's illness C) A prominent feature for this patient

Endocrine - Metabolic:

	A	B	C
Adrenal insufficiency			
Cushing's disease			
Diabetes-type 1			
Diabetes-type 2			
Growth hormone deficiency			
Hashimoto's thyroiditis			
Hypercalcemia			
Hypocalcemia			

	A	B	C
Hyperthyroidism			
Hypothyroidism			
Hyperparathyroidism			
Hypoparathyroidism			
Primary ovarian failure			
Pituitary insufficiency			
Other?			

Gastrointestinal:

	A	B	C
Abdominal pain			
Aphthous ulcers			
Appendicitis			
Autoimmune hepatitis			
Celiac disease			
Cirrhosis			
Colitis/enteritis			
Constipation			
Diarrhea (Intermittent)			
Diarrhea (Chronic)			
Eosinophilic esophagitis			
Fistula			
Gall stones			
Gall bladder disease			
GE reflux			
Hepatomegaly			

	A	B	C
IBD			
Intestinal nodular lymphoid hyperplasia			
Liver failure			
Liver function abnormalities			
Malabsorption			
Obstruction			
Perianal ulceration			
Peritonitis			
Proctitis			
Protein losing gastroenteropathy			
Sclerosing cholangitis			
Other? Specify:			

Genitourinary:

	A	B	C
Cystitis (Non-infectious)			
Epididymitis			
Glomerulonephritis			
Hemolytic uremic syndrome			
Hematuria			
Nephritis (unspecified)			
Nephrosis			
Orchitis			
Prostatitis			
Renal stones			
Renal failure			
Urinary outlet obstruction			
Other?			

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Non-infectious conditions

For each indicated issue, indicate as follows:

A) Present at or before diagnosis B) Observed sometime during patient's illness C) A prominent feature for this patient

Growth and development:

	A	B	C
Delayed developmental milestones			
Dysmorphic features			
Failure to thrive or unintended weight loss			
Mental retardation			
Over weight			
Short stature			
Under weight			
Other?			

Hematologic-Lymphoid:

	A	B	C
Absent lymph nodes			
Absent thymus shadow			
Absent tonsils			
Anemia			
Aplastic			
Chronic infection			
Immune			
Pernicious			
Coagulopathy			
Blood transfusion reaction			
Engraftment by maternal cells			
Epistaxis			
Granulomas			
Hemarthrosis			
Hemolytic anemia			

	A	B	C
Iron deficiency			
Leukocytosis			
Lymphadenopathy			
Lymphopenia			
Myelodysplasia			
Neutropenia			
Petechia			
Splenomegaly			
Thrombocytopenia			
Thrombocytopenia-immune			
Thrombosis			
Thrombotic thrombocytopenic purpura (TTP)			
Other?			

Musculoskeletal:

	A	B	C
Arthritis			
Osteo			
Rheumatoid			
Juvenile arthritis			
Arthralgia			
Frequent fractures			
Hemarthrosis			
Hyperextensibility			
Myositis			
Osteoporosis			
Scoliosis			
Short stature			
Skeletal abnormality			
Temporal-mandibular joint dysfunction			
Weakness			
Other? Specify:			

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Non-infectious conditions

For each indicated issue, indicate as follows:

A) Present at or before diagnosis B) Observed sometime during patient's illness C) A prominent feature for this patient

Neoplastic:

	A	B	C
Leukemia			
ALL			
AML			
CLL			
CML			
Lymphoma- non-Hodgkin's EBV+			
Lymphoma non-Hodgkin's EBV-			
Lymphoma – Hodgkin's EBV+			
Lymphoma – Hodgkin's EBV-			
Polyclonal lymphoproliferation – EBV+			
Polyclonal lymphoproliferation – EBV-			
Solid tumor			
Specify type:			
Monoclonal gammopathy			
Thymoma			
Other?			

Neurologic:

	A	B	C
Ataxia			
Choreoathetosis			
Depression			
Hypotonia			
Intracranial hemorrhage			
Mental retardation			
Microcephaly			
Multiple sclerosis			

	A	B	C
Peripheral neuropathy			
School failure			
Seizures			
Stroke (CVA)			
Subdural hematoma			
Tetany			
Unexplained neurologic deterioration			
Other? Specify:			

Psychosocial:

	A	B	C
ADHD			
Autism			
Behavioral problems			
Depression			
Delinquency			
Held out of school by parents			
Incarceration			
Learning disability			
Psychosis			
School failure			
Other?			

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Non-infectious

For each indicated issue, indicate as follows:

A) Present at or before diagnosis B) Observed sometime during patient's illness C) A prominent feature for this patient

Sino-Pulmonary:

	A	B	C
Asthma			
Bronchitis (chronic)			
Bronchiectasis			
Bronchiolitis obliterans			
Bronchiolitis obliterans organizing pneumonia (BOOP)			
Clubbing			

	A	B	C
COPD			
Emphysema			
Granulomas			
Interstitial lung disease			
Pulmonary embolism			
Other? Specify:			

Skin:

	A	B	C
Abnormal hair			
Alopecia			
Anhydrotic ectodermal dysplasia			
Atopic dermatitis/eczema			
Decreased sweating			
Delayed separation of umbilical cord			
Delayed wound healing			
Discoid lupus			
Erythroderma			
Granulomas			
GVHD or GVHD-like rash			
Hypohidrosis			

	A	B	C
Nail defects			
Pruritis			
Psoriasis			
Telangiectasia			
Scarring (abnormal)			
Scleroderma			
Subacute cutaneous lupus			
Sweating (increased)			
Urticaria			
Vasculitis			
Vitiligo			
Other? Specify:			
Other? Specify:			

Allergic Reactions:

If causative agent is known, please indicate corresponding number from table to the right. If other, please specify.

Reaction	A	B	C	Agent (if known)
Anaphylaxis				
Angioedema				
Asthma				
Bronchospasm				
Dermatitis				
Gastrointestinal				
Stevens Johnson				
Urticaria				
Other (Specify):				

	List of Agents
1	Drug
2	Environmental
3	Food
4	Other

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Experience with Live Agent Vaccines List all complications at the end of this section *.

	Date Given (mm/dd/yyyy)	Vaccine Given?		Complications?		If yes, Describe Outcome
		Yes	No	Yes	No	
Polio						
Measles (MMR)						
Varicella						
Vaccinia						
BCG						
Yellow Fever						
FluMist						
Rotavirus						
Other						

*Complications:

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Patient Name, Initials or Site Study Participant #: _____

Treatment History

Immune Globulin therapy: yes [], no [] If yes list starting age ___m___y or date ___/___/___(mm/dd/yyyy)

Current route of administration: iv [] im [] sc [] unknown [] other (specify): _____

Dose and interval of present therapy:

Dose	Frequency
mg/kg	Every days

Reactions to immunoglobulin treatment?

	Mild	Moderate	Severe
Abdominal pain			
Anaphylaxis			
Anxiety			
Aseptic meningitis			
Fever/Chills			
Headache			
Hepatitis			
Hypertension			
Hypotension			
Local reaction (sc)			
Myalgias			
Renal dysfunction			
Seizure			
Stroke			
Thromboembolism			
Urticaria			
Vomiting			
Wheezing			
Diarrhea			
Severe local reaction			
Other reactions:			

How treated? _____

Has immunoglobulin replacement been stopped because of side effects? yes [], no [] unknown []

Explain: _____

Was a port placed specifically for IVIG? Yes [] No []

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Anti-infectives

Current Anti-infectives

	Drug	Continuous	Intermittent	Rotating	Outcome
Antibiotics					
Antibiotics					
Antibiotics					
Anti-virals					
Anti-virals					
Anti-virals					
Anti-fungals (systemic)					
Anti-fungals (systemic)					
Anti-fungals (systemic)					

Did this treatment lead to significant complications? Yes [], no [], unknown []

*Complications:

Immunomodulator therapy

	Drug	Indication	Outcome
Non-steroidal anti-inflammatory drugs			
Steroids (systemic)			
Immunosuppressives			
Hydroxychloroquine			
Plasmapheresis			
Rituximab			
TNF alpha inhibitors			
Win-Rho			
Other			
Other			

Did this treatment lead to significant complications? Yes [], no [], unknown []

*Complications:

Transfusion treatments

	Yes	No	How many in past 12 months?	How many in past 5 years?	Irradiated?			
					Yes	No	Both	Unknown
Leukocyte transfusions								
Platelet transfusions								
Red cell transfusions								
Fresh Frozen Plasma								

Did this treatment lead to significant complications? Yes [], no [], unknown []

*Complications:

Does the patient regularly use non-standard, alternative or complementary treatments? Yes [] No []

Type? _____

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Surgical and Diagnostic Procedures – please list any complications at the end of this section*

Surgery (list all complications below)	Yes	No	Age	Date (mm/dd/yyyy)	Response/result
Appendectomy					
Bronchoscopy					
Colonoscopy					
Diagnostic node bx					
Feeding tube					
Gastroscopy					
GI biopsy					
Colon					
Rectum					
Small intestine					
Stomach					
Indwelling venous line					
Portacath					
Liver biopsy					
Lung biopsy					
Lung resection					
"PE tubes"					
Sinus surgery					
Splenectomy					
Post splenectomy prophylaxis?					
Antibiotics					
IVIg					
Tonsillectomy					
Other surgeries (list):					

*Complications:

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Transplantation? yes [], no [], If yes: Age ___mos ___yrs or date ___/___/_____(mm/dd/yyyy)

If booster or additional transplants used: Age(s)_____ or date(s) ___/___/_____

If yes: Hematopoietic stem cells [] or solid organ []?

If Hematopoietic stem cells: **(mark all that apply)**

CIBMTR ID number _____

CIBMTR Center number _____

Most significant reason for SCT: Primary immune deficiency[], Malignancy [], Autoimmunity []

Donor: sibling full match [], sibling partial match [], unrelated full match [],
unrelated partial match [], haploidentical – parental donor [], unknown []

Type of graft: mobilized peripheral blood [], cord blood [], bone marrow [], T cell depleted [],
unfractionated [], CD34 enriched [], unknown []

Conditioning used: myeloablative [], non-myeloablative [], no conditioning [], unknown []

Was radiation used during conditioning? Yes [] No []

Outcome:

- Engraftment:

Months post transplant	% Donor T cells	% Donor B cells	% Donor myeloid

- Alive with little evidence of engraftment []
- Not engrafted []
- Acute GVHD [] Grade _____
 - Organs involved (list most to least extensively involved)____
- Chronic GVHD [] Grade _____
 - Organs involved___ (list most to least extensively involved)____
- Deceased []; time from transplant to death: _____ [] months or [] years
- Re-transplanted []
- Long term post transplantation immunosuppression required []

Other transplant-related morbidities? Please specify: _____

Comments: _____

Was gene therapy used for this patient? Yes [] No []

Specify Gene_____ Specify vector type _____

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If solid organ: **(mark all that apply)**

Which solid organ: kidney [], liver [], lung [], heart [], cornea [], thymus []

Donor: cadaver [], related [], unrelated living [], unknown []

Reason for transplant _____

Outcome:

- stable with good function []
- stable with acceptable function []
- not stable/ re-transplant probable []
- rejected and re-transplanted []
- rejected []
- unknown []

Other? Please specify: _____

Comments: _____

Immunosuppression program? _____

If transplant was considered and not performed, why was transplantation not used?

Solid organ [] hematopoietic stem cell []

Lack of a suitably matched donor [], lack of any donor [], age or condition of the patient [], unfavorable probability of success [], religious objections [], insurance denial []

Other? Please specify: _____

Comments: _____

Present Status – Quality of Life

Alive: yes [], no [], unknown []

Date ___/___/_____(mm/dd/yyyy) or age ___mos ___yrs at death

Cause(s) of death? (specify) _____, _____, _____

Does/did patient have significant disability? Full [], partial [], beginning at age ____

Nature of disability (circle): cognition, vision, hearing, coordination, gait; seizure disorder

Remediation required for missing school? Yes [] No []

Did the patient or parent lose a job as a result of illness? Yes [] No []

Days in hospital during the past 12 months related to PIDD? _____

Still receiving IVIG? Yes [] No []

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For Adults (>18 years old): Karnofsky index: Mark most appropriate numerical (percentage)

response:

KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA

The Karnofsky Performance Scale Index allows patients to be classified as to their functional impairment. This can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. The lower the Karnofsky score, the worse the survival for most serious illnesses.			Mark here:
Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.	
	90	Able to carry on normal activity; minor signs or symptoms of disease.	
	80	Normal activity with effort; some signs or symptoms of disease.	
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.	
	60	Requires occasional assistance, but is able to care for most of his personal needs.	
	50	Requires considerable assistance and frequent medical care.	
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.	
	30	Severely disabled; hospital admission is indicated although death not imminent.	
	20	Very sick; hospital admission necessary; active supportive treatment necessary.	
	10	Moribund; fatal processes progressing rapidly.	
	0	Dead	

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For Children: Lansky index: Mark most appropriate assessment

__100 - fully active, normal

__90 - minor restrictions in strenuous physical activity

__80 - active, but tired more quickly

__70 - greater restriction of play *and* less time spent in play activity

__60 - up and around, but active play minimal; keeps busy by being involved in quieter activities

__50 - lying around much of the day, but gets dressed; no active playing participates in all quiet play and activities

__40 - mainly in bed; participates in quiet activities

__30 - bedbound; needing assistance even for quiet play

__20 - sleeping often; play entirely limited to very passive activities

__10 - doesn't play; does not get out of bed

__0 - unresponsive

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Core Laboratory Test Results (At time of diagnosis if possible)

Complete Blood count (age _____ or date __/__/____)(mm/dd/yyyy)

WBC	_____	absolute/ul
Platelets	_____	/ul
RBC	_____	x 10 ³ /ul
Hgb	_____	g/dl
Lymphocytes	_____	% _____/ul
PMN	_____	% _____/ul
Eosinophils	_____	% _____/ul
Basophils	_____	% _____/ul
Monocytes	_____	% _____/ul

Lymphocyte Phenotype (age _____ or date __/__/____)(mm/dd/yyyy)

Absolute Lymphocyte count	_____	/ul
CD3 T cells	_____	% _____/ul
CD4 Helper T	_____	% _____/ul
CD8 Cytotoxic T	_____	% _____/ul
CD19 or B cells	_____	% _____/ul
CD20 B cells	_____	% _____/ul
CD56/CD16 NK cells	_____	% _____/ul
CD4+/CD45RA+ (naïve T)	_____	% _____/ul
CD4+/CD45RO+ (memory T)	_____	% _____/ul

Immunoglobulin evaluations (age _____ or date __/__/____) (mm/dd/yyyy)

Please indicate if patient has received Ig replacement or blood products recently: yes [] no []

IgG _____mg/dl

IgA _____mg/dl

IgM _____mg/dl

IgE _____IU/ml

Antibody Responses (age _____ or date __/__/____) (mm/dd/yyyy) (date closest to diagnosis – before IGIV)

	Absent	Low	Normal
Diphtheria	[]	[]	[]
Tetanus	[]	[]	[]
HIB	[]	[]	[]
Protein conjugated HIB	[]	[]	[]
Isohemagglutinin			
Anti-A	[]	[]	[]
Anti-B	[]	[]	[]
Other vaccine antigens			
(specify) _____	[]	[]	[]
(specify) _____	[]	[]	[]
Chicken pox	[]	[]	[]
MMR	[]	[]	[]
ΦX174 or other neoantigen	[]	[]	[]

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Patient Name, Initials or Site Study Participant #: _____

Pneumococcal Polysaccharide After Unconjugated vaccine

Number of serotypes producing a protective level / total serotypes tested from vaccine [/]

After Conjugated Pneumococcal vaccine

Number of serotypes producing a protective level / total serotypes tested from vaccine [/]

	Absent	Low	Normal
unconj PPS serotype _____	[]	[]	[]
unconj PPS serotype _____	[]	[]	[]
unconj PPS serotype _____	[]	[]	[]
Other vaccine _____	[]	[]	[]

Lymphocyte Function (age _____ or date ____/____/____) (mm/dd/yyyy)

	Absent	Low	Normal
PHA	[]	[]	[]
ConA	[]	[]	[]
PWM	[]	[]	[]
Anti-CD3	[]	[]	[]
Antigens			
Tetanus	[]	[]	[]
Diphtheria	[]	[]	[]
Candida	[]	[]	[]
Other 1	[]	[]	[]
Other 2	[]	[]	[]
Alloantigen (MLC)	[]	[]	[]
NK cell cytotoxicity	[]	[]	[]

Delayed Hypersensitivity Skin Testing (age _____ or date ____/____/____) (mm/dd/yyyy)

	Absent	Questionable or Weak	Present
Tetanus	[]	[]	[]
Candida	[]	[]	[]
Other 1 _____	[]	[]	[]
Other 2 _____	[]	[]	[]

Complement Function (age _____ or date ____/____/____) (mm/dd/yyyy)

CH50 Absent [] Low [] Normal []

Phagocyte Function (age _____ or date ____/____/____) (mm/dd/yyyy)

Nitro Blue Tetrazolium (NBT) test: normal [] defective []

Neutrophil oxidative burst assay (DHR): normal [] defective []

CORE Dataset: USIDNET Immunodeficiency Patient Registry

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